# DEVELOPMENTAL AND BEHAVIORAL SCREENING GUIDFLINES AND PREFERRED TOOL LIST

### Introduction

Developmental and behavioral screening is a whole-population strategy to improve child health outcomes. Screening, together with routine developmental surveillance, provides an opportunity to monitor if a child is learning ageappropriate skills and identify any developmental or behavioral concerns as soon as possible, enabling intervention during the most critical periods of development. When young children are not screened systematically, opportunities for early identification, intervention, and treatment may be delayed. Early identification of children at risk for developmental delays is an integral function of the primary care medical home. The American Academy of Pediatrics (AAP) recommends conducting developmental surveillance at every health supervision visit and conducting general developmental screening using evidence-based tools at 9, 18, and 30 months, or whenever a concern is identified. In addition, autism-specific screening is recommended at ages 18 and 24 months, and social-emotional screening is recommended at regular intervals.

and Universal **Developmental** Screening Registry

Preferred Tool List In Vermont, primary care providers are required to use a standardized screening tool. Preferred screening tools are included in Vermont's universal developmental screening (UDS) registry, a statewide data collection and communication system for screening results. As part of the Help Me Grow Vermont system, the registry allows screening results to be securely shared between medical homes, early care and education, and other community service providers to improve early identification of risks and delays to ensure that children and families are linked to appropriate services and developmental supports. Preferred tools include:

- Ages & Stages Questionnaires®, Third Edition (ASQ-3™)
- Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-
- Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)
- The <u>Survey of Wellbeing of Young Children</u> (SWYC), a cross-cutting tool, will be included in the UDS registry in future (following final validation studies).

The SWYC includes developmental milestones, emotional/behavioral development, and family risk factors. At certain ages, a section for autism-specific screening is also included.

**Bright Futures** and screening tool compendium

Please refer to AAP <u>screening tools</u> and <u>periodicity schedule</u>. For in-depth profiles Periodicity Schedule and psychometric information about these quality screening tools, reference the national Birth to 5: Watch Me Thrive! published compendium of screening tools for young children and Child Health Care Providers User Guide.

# **Developmental Quality Measure**

Developmental screening is a Blueprint for Health Accountable Care Organization Screening is an ACO (ACO) quality measure that child health care providers can fulfill by using the registry. Participating practices and providers are encouraged to access and review developmental screenings completed in an early childhood setting, by Children's Integrated Services (CIS) teams, or by another a community service provider, to inform their surveillance and screening activities during health supervision visits. Pediatric providers can use the UDS registry to view a screen done by another provider, interpret and discuss the results with families, and then work with them to create a plan to address any needs that may have been identified. Medicaid will reimburse the child health provider for these activities. If a child does not receive a screen in an early childhood setting, child health providers proceed with screening according to AAP Bright Futures guidelines. New AAP Bright Futures guidelines, 4th edition, include updated developmental milestones, surveillance questions and screening guidelines that support Vermont efforts to promote greater collaboration for improved early identification.

If you are a child health care provider, educator, or other human service provider and would like access to this registry, please contact us at AHS.VDHudsregistry@vermont.gov

## The Importance of **Developmental** Screening

Research and science have demonstrated that childhood experiences, positive or negative, can have a major impact on long term growth, development, and health. National statistics indicate that as many as one in four children through the age of five are at risk for a developmental, behavioral, or social delay. In Vermont, 7 out of every 10 children have one or more factors that put them at risk for a developmental delay. Risk factors include high rates of maternal depression and perinatal mood disorders, increased rates of childhood poverty, housing and food

insecurity, transportation barriers, and rural isolation. Although the percentage of children with a developmental or behavioral disorder has been increasing, overall national screening rates have remained low - less than 50% of pediatricians use valid and reliable screening tools. As part of Healthy Vermonters 2020 and the Maternal and Child Health strategic plan, considerable work has occurred over the past decade in Vermont to advance developmental screening in medical home settings. In 2016, data from the Vermont Blueprint for Health shows the rate of developmental screening has significantly increased among Vermont children ages zero to three from 48% in 2013 to 58% in 2016. However, a disparity exists between children insured by Medicaid (55%) and those insured by commercial insurance (66%). Differences also exist in screening rates among Health Service Areas (HSA), and Middlebury (74%), Burlington (74%), and Brattleboro (73%) have the highest rates. And a survey of 46 primary care practices by Vermont Child Health Improvement Program (VCHIP) found developmental screening rates at only 33% for all three recommended screens.

**Help Me Grow** is a system strategy to increase surveillance and screening of children across various settings and link children and families to existing services and resources.

### What is Help Me Grow?

Help Me Grow is a system model for improving access to existing resources and services for expectant parents and families with young children through age eight. Help Me Grow promotes the healthy development of children by supporting families, providers and communities to link children and families to the services and supports they need.

# Matters

Why Help Me Grow Experts agree, early detection and connection to services lead to the best outcomes for children with developmental or behavioral challenges. But, too often, children don't get connected to services they need at an early age when the benefit of those services is greatest. Many initiatives in Vermont provide services to young children, but families, child health providers, early care and education providers and others don't always know these programs exist or how to connect with them.

How Help Me Grow Help Me Grow works to promote cross-sector collaboration to build efficient and Works effective early childhood systems that mitigate the impact of adversity and strengthen protective factors among families so that all children can grow, learn and thrive to their full potential. This is achieved through the implementation of four interdependent core components:

- 1. Family & Community Outreach to bolster healthy child development through families and facilitate provider networking and collaboration.
- 2. **Child Health Provider Outreach** provides training to support early detection and intervention, use of the Help Me Grow contact center, and use of Vermont's Universal Developmental Screening Registry.
- 3. Centralized Phone Access Point/Contact Center serves as the hub to link children and their families to community-based services through referrals to Children's Integrated Services (CIS), or other resources, for further support and intervention. Trained child development specialists also answer caregivers' questions about their child's development and behavior and connect families to basic needs resources. Dial 2-1-1 ext. 6, text **HMGVT to 898211**, email at info@helpmegrowvt.org, and refer a child and family at HelpMeGrowVT.org.
- 4. Ongoing Data Collection & Analysis for continuous system improvement to identify systemic gaps and bolster advocacy efforts.

Revised Bright Futures quidelines, 4th edition, now recommend that physicians incorporate developmental observances by child care and early childhood professionals into surveillance

**Developmental Providers** 

Seventy-one percent of Vermont's children under the age of six, and 78% of Screening by Early children between the ages of six and 17, have all available parents in the labor **Care and Education** force. Thus, a significant number of children are being cared for in early learning settings during critical years of development. As early care and education programs play an increasingly significant role in promoting children's optimal healthy development, Help Me Grow, in partnership with the Vermont Child Health Improvement Program (VCHIP) and Vermont Birth to Five, has provided quality improvement developmental screening training to over 500 providers. Training includes on-site coaching to promote ongoing monitoring of child development,

including periodic developmental screening, referral to appropriate services, and access to services to support each child's developmental progression in the context of a collaborative and well-coordinated system of care. Providers are also trained to enter screening results into the UDS registry for system coordination and to streamline the process for families.

#### **Next Steps**

Vermont is committed to ensuring that all children benefits from intentional, coordinated, and early attention to their growth and development. Priorities include the following:

- 1. Continue training for both child health professionals and early care and education providers in the selection and implementation of appropriate, psychometrically valid developmental screening tools, in alignment with <a href="AAP Bright">AAP Bright</a> Futures Guidelines.
- 2. Strengthen partnerships with Vermont's ACOs to leverage opportunities to focus on improving developmental screening rates.
- 3. Continue to promote use of Vermont's UDS registry for sharing screening results across community, education and medical home settings.
- 4. Increase access, quality and equity of training opportunities on developmental promotion, referral, and linkage, including use of the UDS registry, as a foundational component of the professional development system for all early care and education providers.
- 5. Embed health promotion practices into Vermont's Quality Improvement and Rating System.
- 6. Continue coordination of systems to improve collaboration.

For More Information Contact

Janet Kilburn
Child Development Coordinator
Vermont Department of Health
Janet.Kilburn@vermont.gov

(802) 865-1323

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**Lauren Smith** 

Universal Developmental Screening Registry Manager Vermont Department of Health <u>Lauren.Smith@vermont.gov</u> (802) 652-2095

#### Data Issues

Data from the Vermont Blueprint for Health and the VCHIP CHAMP Summary Report do not represent all Vermont children, based on attribution and sampling methodology.

#### **Data Sources**

Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, Pediatrics, 2006

VCHIP Final Report: Developmental and Autism Screening in Primary Care

Vermont Blueprint for Health Community Profiles

2016 National Survey of Children's Health (NSH)

VCHIP CHAMP Network Data Summary Report Findings

How Are Vermont's Young Children 2017 Report

